

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00495

Reg. Dist. No. 100

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Chesapeake Charles County Maryland</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		LENGTH OF STAY (in other place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (First) (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
<i>Francis Richard Adams</i>		Jan 23 1956	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLED, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH <i>10/15/1896</i>	
10a. USUAL OCCUPATION (Give kind of work done during last 5 years of working life, even if retired) <i>Singer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Chorus Singer</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
13. FATHER'S NAME <i>John Adams</i>		14. MOTHER'S MAIDEN NAME <i>Hughes George Davis</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT AND ADDRESS <i>Mrs Edgar P. Miller Riggsburg</i>		18. MEDICAL CERTIFICATION <i>Coronary Thrombosis</i>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.1</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>	
Immediate cause (a)			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) <i>Chesapeake Charles Maryland</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR? <i>None</i>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		DATE SIGNED <i>La Plata Maryland 1/23/58</i>	
SIGNATURE <i>William Kline MD</i>		ADDRESS	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>1/26/56</i>	
NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <i>Nanjemoy Baptist Nanjemoy MD</i>		(State)	
DATE REC'D BY LOCAL REG. <i>1/24/56</i>		REGISTRAR'S SIGNATURE <i>Julia N. Basye</i>	
24. FUNERAL DIRECTOR		ADDRESS <i>Haniff Funeral Home Valley Rd.</i>	

FEDERAL BUREAU OF INVESTIGATION

JAN 26 1956

DECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AUSC 155-10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00496

575

CERTIFICATE OF DEATH

Item 8 Film G 201 8-21-56-EJ

Reg. Dist. No. 100

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Charles La Plata	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Maryland COUNTY Charles Issue
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Physicians Memorial Hospital		STREET ADDRESS	(If rural give location)
3. NAME OF DECEASED (Type or Print)	(First) Baby "A"	(Middle)	(Last) Butler	4. DATE OF DEATH January 2 1956
5. SEX Male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH 2 January 1, 1956	9. AGE last birthday yrs. IF UNDER 1 YEAR Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Milton Thomas		14. MOTHER'S MAIDEN NAME Agnes Viola Butler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Viola Butler
18. MEDICAL CERTIFICATION				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>761.5</u> IMMEDIATE CAUSE (A) <u>damage due to delivery</u> ANTECEDENT CAUSE(S) DUE TO <u>Prematurity</u> DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE _____ STATING UNDERLYING CAUSE LAST. DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>3 hrs -</u> <u>3 hrs.</u>				
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>1-1</u> , 19 <u>56</u> , to <u>1-1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-1</u> , 19 <u>56</u> , and that death occurred at <u>1:45 p.m.</u> from the causes and on the date stated above. SIGNATURE <u>Frederick Johnson, M.D.</u> ADDRESS <u>La Plata Md</u> DATE SIGNED <u>1-3-56</u> 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u> DATE THEREOF <u>1/4/56</u> NAME OF CEMETERY OR CREMATORI <u>Holy Ghost</u> LOCATION (City, town, or county) <u>Issue md</u> (State) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE <u>Julia H. Hovey</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>James Milton Thomas, La Plata</u> ADDRESS <u>La Plata</u> DATE DATE <u>1/4/56</u> 2166191220 REMARKS <u>Actual funeral home, La Plata</u>				

BUREAU V. S.

JAN 9 1955

REGD JAN 9 1955

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155-10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00497

CERTIFICATE OF DEATH

596

Items 48 Film G 201, 8-21-56, E.T.

Reg. Dist. No. 100

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Charles	MARYLAND	STATE Maryland	COUNTY Charles
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN La Plata		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Issue	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) Baby "B"		4. DATE (Month) OF DEATH January 21 1956	
5. SEX Male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH January 1, 1956
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.
13. FATHER'S NAME James Milton Thomas		14. MOTHER'S MAIDEN NAME Agnes Viola Butler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS Viola Butler	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 7760 IMMEDIATE CAUSE (A) _____ ANTECEDENT CAUSE(S) DUE TO _____ DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO _____ (C) _____			
INTERVAL BETWEEN ONSET AND DEATH 6 hrs.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) La Plata, Md.		(County) Charles (State) Md.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-1, 1956 , to 1-1, 1956 , that I last saw the deceased alive on 1-1, 1956 , and that death occurred at 7:30 P.M. from the causes and on the date stated above. SIGNATURE Frederick Johnson, M.D. ADDRESS La Plata, Md. DATE SIGNED 1-3-56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/4/56	NAME OF CEMETERY OR CREMATORIAL Holy Ghost
		LOCATION (City, town, or county) Issue, Md. (State) Md.	
24. REC'D. BY REGISTRAR Date 14/56		REGISTRAR'S SIGNATURE Julia H. Posey	25. FUNERAL DIRECTOR'S SIGNATURE Lewis Butler, Issue, Md. ADDRESS La Plata, Md.

2266192230

DEPARTMENT OF HOMELAND SECURITY
FEDERAL BUREAU OF INVESTIGATION

CERTIFICATE OF DEATH

FEDERAL BUREAU OF INVESTIGATION

JAN. 9, 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00498

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

VS AISC 1-55 10M

507

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	CHARLES HUGHESVILLE	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	MARYLAND HUGHESVILLE	COUNTY CHARLES (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	504RS		SUPERIOR STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)	(First) LILLIAN	(Middle) MAE	(Last) CANTER	4. DATE (Month) (Day) (Year) OF DEATH JANUARY 28 1956	
5. SEX FEMALE	6. COLOR OR RACE W - U.S.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH MAY 8, 1876	9. AGE last birthday 79 yrs.	IF UNDER 1 YEAR Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME RICHARD T. LUSBY		14. MOTHER'S MAIDEN NAME ELIZA VANE ALLEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT & ADDRESS MRS. PAUL LONG HUGHESVILLE, MD		
18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 IMMEDIATE CAUSE (A) HYPERTROPHIC-SCLEROTIC HEART DISEASE ANTECEDENT CAUSE(S) DUE TO (ACUTE LEFT VENTRICULAR FAILURE) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) GENERALIZED HYPERTROPHIC-SCLEROSIS DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/14, 1956, to 1/28, 1956, that I last saw the deceased alive on 1/27, 1956, and that death occurred at 4:00 P.M. from the causes and on the date stated above.					
SIGNATURE <i>John H. Geffen</i> M.D. ADDRESS (Street, city, town, state) <i>Hughesville, MD</i> DATE SIGNED <i>1/30/56</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2-1-56	NAME OF CEMETERY OR CREMATORIAL Old Field	LOCATION (City, town, or county) Hughesville, MD	
24. REC'D BY REGISTRAR DATE 2/1/56		REGISTRAR'S SIGNATURE <i>Julia H. Passey</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Hunt Funeral Home		

STATE OF NEW YORK
DEPARTMENT OF MOTOR VEHICLES

CERTIFICATE OF DEATH

DEATH DATE:

DEATH PLACE:

DEATH TIME:

AGE AT DEATH:

SEX:

RACE:

RELIGION:

EDUCATION:

EMPLOYMENT:

ADDRESS:

CITY:

STATE:

COUNTRY:

ZIP CODE:

PHONE NUMBER:

TELEGRAM ADDRESS:

TELEGRAM NUMBER:

TELEGRAM DATE:

TELEGRAM TIME:

BUREAU V. S.

FEB 3 1956

RECEIVED

00499

Reg. Dist.

No. 100

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 21 Film G-22 2-2-50 a.m.s

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY Charles

MARYLAND

CITY (If outside corporate limits, write RURAL
OR
TOWN Waldorf)LENGTH OF STAY
(In this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print) LOUIS

(First) MCKINLEY

(Middle) EDELEN

(Last)

5. SEX: M 6. COLOR OR
RACE: Negro7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Single8. DATE OF BIRTH:
9-26-19254. DATE
OF
DEATH Jan. 19 19569. AGE last birthday: 30
IF UNDER 1 YEAR
Months Days Hours Min.
yrs.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Laborer10b. KIND OF BUSINESS OR
INDUSTRY: Construction11. BIRTHPLACE (State or foreign country): Washington, D. C. 12. CITIZEN OF WHAT
COUNTRY? U. S.

13. FATHER'S NAME:

Bernard Cook

14. MOTHER'S MAIDEN NAME:

Mary (Maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service) No

16. SOCIAL SECURITY No.: 213-26-4799

17. INFORMANT & ADDRESS:

Sheriff office, Charles County, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

924.3

Immediate cause

(a)

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause

(b)

stating underlying cause last

(c)

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH
1-19-56II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.)
INJURY Home & Farm

21c. (City or town)

(County) 08

(State)

Charles

21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY M.21e. INJURY OCCURRED
While at Not while
work at work 21f. HOW DID INJURY OCCUR? Slipped on ice at edge
of swimming pool & fell in. Water was 8' deep.22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

23. BURIAL, CREMATION,
REMOVAL (Specify): Burial

DATE THEREOF 1-23-1956

REGISTRAR'S SIGNATURE Julian P. Vasey

NAME OF CEMETERY OR CREMATORIAL St Mary's Cemetery

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.DATE SIGNED
1-20-56

LOCATION (City, town, or county) (State)

Bryantown, Maryland

DATE REC'D BY LOCAL
REG. 1/23/56

24. FUNERAL DIRECTOR

ADDRESS

The Hunt Funeral Home Waldorf, Md.

BUREAU V. A.

JAN 25 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 105

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CHARLES	MARYLAND	STATE Md	COUNTY Charles
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN WALDORF		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Waldorf, Md	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print) EARL PEMBERROOK GATES		4. DATE OF DEATH 1 26 1956	
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M	8. DATE OF BIRTH: 1-9-1898
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): TAVERN OWNER		10b. KIND OF BUSINESS OR INDUSTRY:	9. AGE last birthday: 58 yrs. Months Days Hours Min.
13. FATHER'S NAME: Peter P. GATES		14. MOTHER'S MAIDEN NAME: IDA ADAMS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: 542-01-4201	17. INFORMANT & ADDRESS: Earl P. Gates Jr. Waldorf, Md
18. MEDICAL CERTIFICATION CORONARY Occlusion			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO 420.1 Antecedent cause(s) (b) DUE TO Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town) Waldorf (County) Md (State) Md	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1-26-56	21e. INJURY OCCURRED While at M. work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> SIGNATURE E. K. Gedelen MD.			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 1-26-56	NAME OF CEMETERY OR CREMATORIAL St. Paul's Cemetery
DATE REC'D BY LOCAL REG. 1-28-56		REGISTRAR'S SIGNATURE M. L. Howard	LOCATION (City, town, or county) Waldorf (State) Md
		24. FUNERAL DIRECTOR Hunt Funeral Home	ADDRESS Waldorf

SEARCHED

PROGRAM

23rd August 1961

2MAGA AGI 2014-9 10139

Geography Occurrence

BUREAU V.

REGELVÆR

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 15-510M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00501

510

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
CITY OR TOWN		CHARLES	MARYLAND		STATE OR TOWN
HOSPITAL INSTITUTION OR STREET ADDRESS		La Plata	LENGTH OF STAY (in this place)	Md. Bel Alton	
66 Physicians Memorial Hospital			COUNTY Charles		
			CITY (If outside corporate limits, write RURAL and give nearest town)		
			STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
(First) Marian			(Month) Jan. 15		
(Middle) Dorothy			(Day) 1956		
(Last) Goldsmith			(Year)		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months Deys Hours Min.
Female	white	married	Nov. 9, 1908	47 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
Housewife			self		
13. FATHER'S NAME			11. BIRTHPLACE (State or foreign country)		
William Pilkerton			Maryland		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY NO.		
no			17. INFORMANT & ADDRESS		
18. MEDICAL CERTIFICATION			Elmer Goldsmith, Bel Alton, Maryland		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH		
171 X IMMEDIATE CAUSE (A) Generalized Carcinomatosis			4 mos.		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Squamous Cell Epithelioma of Endocervix with GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Multiple Metastases.			1 yr.		
(C) Uremia			1 mo.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			6 weeks		
Acute Intestinal Obstruction with Colostomy			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19e. DATE OF OPERATION Sept. 9, 1955			19b. MAJOR FINDINGS OF OPERATION Acute Ileal and Colonic Obstruction; Extensive Carcinoma		
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED While <input type="checkbox"/> Not while at work <input type="checkbox"/> at work <input type="checkbox"/>		
M.			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Sept. 7, 1955, to , 19....., that I last saw the deceased alive on 1-15-56, 19....., and that death occurred at 3:30 a.m., from the causes and on the date stated above. SIGNATURE <i>Marian Darby</i> M.D. ADDRESS (Street, city, town, state) La Plata, Maryland DATE SIGNED					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			DATE THEREOF 1-17-56		
24. REC'D BY REGISTRAR DATE 1/16/56			REGISTRAR'S SIGNATURE <i>Julia H. Dailey</i>		
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huntt Funeral Home, Waldorf , Md.					

CERTIFICATE OF DEATH

NAME OF DECEASED
NAME OF MARRIED NAME IF APPLICABLE

BUREAU V. S.

JAN 18 1956

RECEIVED

511

CERTIFICATE OF DEATH

Reg. Dist. No. 100

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Charles Cobb Island	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	CHARLES (If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH March 9 1874
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Gov	9. AGE last birthday 81 yrs.
13. FATHER'S NAME Thomas P Jacobs		11. BIRTHPLACE (State or foreign country) Washington D C	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Louise Boon	
17. INFORMANT & ADDRESS Agnes L Jacobs Cobb Island Md		18. MEDICAL CERTIFICATION Lymphatic Leukemia	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 2040 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		INTERVAL BETWEEN ONSET AND DEATH 4.55	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from..... alive on....., 19....., and that death occurred at.....M, from the causes and on the date stated above. SIGNATURE Edith Lee MD		M.D.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 4/10/56	
24. REC'D BY REGISTRAR DATE 1/10/56		NAME OF CEMETERY OR CREMATORIUM Christ Church	
REGISTRAR'S SIGNATURE Julia H. Basay		LOCATION (City, town, or county) Wayside Md	
25. FUNERAL DIRECTOR'S SIGNATURE Cochet Funeral Home Inc La Plata		(State)	
ADDRESS			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C L-5 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00503

512

CERTIFICATE OF DEATH

Reg. Dist. No. /100

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Charles La Plata	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Physicians Memorial Hospital</i>		CHARLES Bryantown	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) George		(Middle) Jameson	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 11, 1887
9. AGE last birthday 68 yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Richard Jameson</i>		14. MOTHER'S MAIDEN NAME <i>Cecelia Wheatly</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS <i>M. Louise Jameson, Bryantown, Md.</i>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>151X</i>		IMMEDIATE CAUSE (A) <i>Generalized Carcinomatosis</i>	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>Adenocarcinoma of Stomach with Metastases</i>		DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>Acute Intestinal Obstruction</i>	
C (C)		INTERVAL BETWEEN ONSET AND DEATH <i>2 mos.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Adenocarcinoma of Stomach with multiple metastases</i>		3 mos.	
19a. DATE OF OPERATION <i>Nov. 11, 1955</i>		19b. MAJOR FINDINGS OF OPERATION <i>Adenocarcinoma of Stomach with multiple metastases</i>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>Whila</i>	
21c. WHERE DID INJURY OCCUR? (City or town) <i>(County)</i>		(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>M.</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov. 3, 1955</i> , to <i>Jan. 10, 1956</i> , that I last saw the deceased alive on <i>Jan. 10, 1956</i> , and that death occurred at <i>1:25A.M.</i> from the causes and on the date stated above. SIGNATURE <i>J. Larson Parboe</i> ADDRESS (Street, city, town, state) <i>La Plata, Maryland</i> DATE SIGNED <i>Jan. 11, 1956</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>12-13-56</i>	
NAME OF CEMETERY OR CREMATORIAL <i>St. Marys</i>		LOCATION (City, town, or county) <i>Bryantown, Md.</i>	
24. REC'D. BY REGISTRAR DATE <i>1/13/56</i>		REGISTRAR'S SIGNATURE <i>Julia H. Bosley</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Huntt Funeral Home, Waldorf, Md.</i>		ADDRESS	

513

CERTIFICATE OF DEATH

Reg. Dist. No. 105

Item 8, FilmG191 1-18-56 et

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10A

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	CHARLES MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Mo. COUNTY CHARLES. RURAL - WALDORF.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) OF DEATH JAN 3 (Day) (Year) 1956		
5. SEX F.	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.	8. DATE OF BIRTH 1871 Mar. 31, 1875	
9. AGE last birthday yrs.	10. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME William Butler	14. MOTHER'S MAIDEN NAME Charlotte Waters	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) No		
16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS MRS Elnora Pinkney		
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442X IMMEDIATE CAUSE (A) Myocardial FAILURE ANTECEDENT CAUSE(S) DUE TO CAROID - VASCULAR RENAL DISEASE YEARS DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO _____ (C) _____				INTERVAL BETWEEN ONSET AND DEATH 1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work	21e. INJURY OCCURRED While Not while at work at work		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from FEB. 10, 1956, to JAN 2, 1956, that I last saw the deceased alive on JAN 2, 1956, and that death occurred at 3:25 P.M. from the causes and on the date stated above. SIGNATURE Dalem M. Lewis M.D. ADDRESS (Street, city, town, state) agawam, Md DATE SIGNED 1/3/56.				
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 1/6/56	NAME OF CEMETERY OR CREMATORIAL st Paul's	LOCATION (City, town, or county) WALDORF, Md (State)	
24. REC'D BY REGISTRAR DATE 1-4-56	REGISTRAR'S SIGNATURE M. L. Mon. 1/6/56		25. FUNERAL DIRECTOR'S SIGNATURE The Hunt Funeral Home - WALDORF	

CERTIFICATE OF DEATH

NAME OF DECEASED	AGE AT DEATH	CAUSE OF DEATH
WILLIAM J. BROWN	65	CHYLOTHORAX
MATERIAL TESTED		TESTS
HUMAN BLOOD		POSITIVE
EXAMINER'S SIGNATURE		
BUREAU V. S.		

JAN 6 1956

RECEIVED

10/25/2012 2:47 PM

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00505

514

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place)		STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		COUNTY Huntington Md. 04X.2 (If rural give location)	
X La Plata Md. HOSPITAL OR INSTITUTION OR STREET ADDRESS		Phys Mem. Hosp.		STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) Suean				4. DATE OF DEATH Jan 8 1956 (Month) (Day) (Year)			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Dec 27 1956	9. AGE last birthday yrs. 15	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Charles Co Md.	12. CITIZEN OF WHAT COUNTRY? Walter C Morgan. Calvert Co
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				14. MOTHER'S MAIDEN NAME Dorothy Morgan			
13. FATHER'S NAME Walter C Morgan		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Walter C Morgan. Calvert Co	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 760.0 IMMEDIATE CAUSE (A) respiratory failure ANTECEDENT CAUSE(S) DUE TO cerebral hemorrhage at birth DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
10 min 8 days INTERVAL BETWEEN ONSET AND DEATH							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County)		(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 29 dec 1955, to 8 jan 1956, that I last saw the deceased alive on 7 jan 1956, and that death occurred at 4:30A.M. from the causes and on the date stated above. SIGNATURE <i>J. M. Johnson</i> M.D. ADDRESS (Street, city, town, state) DATE SIGNED 1-8-56							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-11-56		NAME OF CEMETERY OR CREMATORIAL St. Joseph		LOCATION (City, town, or county) Morganza Md.	
24. REC'D BY REGISTRAR DATE 1/1/56 10002584-05		REGISTRAR'S SIGNATURE Julia Hooley		25. FUNERAL DIRECTOR'S SIGNATURE Vernon Funeral Home Inc. La Plata		ADDRESS	

STATE OF OKLAHOMA - DIVISION OF HIGHWAY STATION STATE POLICE

CERTIFICATE OF SERVICE

TO THE ATTACHED PERSON OR ENTITY:

JOHN D. HARRIS

1000 N. 10TH STREET

OKLAHOMA CITY, OK 73101

RECEIVED

AT THE ATTACHED PERSON OR ENTITY:

JOHN D. HARRIS

1000 N. 10TH STREET

OKLAHOMA CITY, OK 73101

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AT THE ATTACHED PERSON OR ENTITY:

JOHN D. HARRIS

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OKLAHOMA CITY, OK 73101

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OKLAHOMA CITY, OK 73101

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OKLAHOMA CITY, OK 73101

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AT THE ATTACHED PERSON OR ENTITY:

JOHN D. HARRIS

1000 N. 10TH STREET

OKLAHOMA CITY, OK 73101

BUREAU V. 2

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be completely filled in by the funeral director, the third copy of this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00506

5.15 CERTIFICATE OF DEATH

Item 7, FilmG181 1-17-56 et

Reg. Dist. No. 100

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	CHARLES MARYLAND LENGTH OF STAY (In this place)	STATE MD COUNTY CHARLES	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
X La Plata	66 Phy. Medz. Hosp.	STREET ADDRESS	Copseur Md
3. NAME OF DECEASED (First) Francis A. (Middle) Penn (Last)		4. DATE (Month) OF DEATH Jan 8 1956 (Day) (Year)	
SEX Male	COLOR OR RACE white	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	DATE OF BIRTH Aug 27 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer	AGE last birthday 71 yrs.
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? Md USA	
13. FATHER'S NAME Alfred A. Penn		14. MOTHER'S MAIDEN NAME Mary Bailey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS Edna L. Wink	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 611X IMMEDIATE CAUSE (A) Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 1 year	
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B)			
STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatitis, uremia, 5 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not white <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.....1-6....., 1956....., to.....1-8....., 1956....., that I last saw the deceased alive on.....1-8....., 1956....., and that death occurred at 6:00 P.M. from the causes and on the date stated above. SIGNATURE <i>R. Johnson</i> M.D. DATE SIGNED 1-8-56			
ADDRESS (Street, city, town, state)			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 1-10-56 NAME OF CEMETERY OR CREMATORIALy Ghost		LOCATION (City, town, or county) Issue Md (State)	
24. REC'D BY REGISTRAR DATE 1/10/56 REGISTRAR'S SIGNATURE Julie H. Bassey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arkort Funeral Home Inc. La Plata	

RECEIVED
FEB 12 1942
DEPARTMENT OF JUSTICE - FEDERAL BUREAU OF INVESTIGATION

CERTIFICATE OF DEATH

DEPT. OF JUSTICE

DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

RECEIVED

DEPT. OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

RECEIVED

DEPT. OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

BUREAU V. S.

JAN 12 1942

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00507

516

CERTIFICATE OF DEATH

Reg. Dist. No. 104

INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 15-5 10M

1. PLACE OF DEATH <i>Charles</i>		2. USUAL RESIDENCE (HOME) OF DECEASED <i>Md Charles Rock Point</i>	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Rock Point</i>	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rock Point</i>	COUNTY (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Rock Point</i>	STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) <i>MATTIE LOMAX</i>		(First) (Middle) (Last)	4. DATE (Month) (Day) (Year) <i>1 25 56</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>March 13 1876</i>
9. AGE last birthday <i>79 yrs.</i>	10. KIND OF BUSINESS OR INDUSTRY <i>Homework self employed</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>US</i>
13. FATHER'S NAME <i>James Lomax</i>	14. MOTHER'S MAIDEN NAME <i>Alice Davis</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT & ADDRESS <i>Aliza McNulty Rock Point Md</i>	18. MEDICAL CERTIFICATION <i>BRONCHIAL PNEUMONIA</i>
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>491X IMMEDIATE CAUSE (A)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1-23-56</i>	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) <i>Laplate Md</i>	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>M.</i>	21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-10 1956</i> , to <i>1-23 1956</i> , that I last saw the deceased alive on <i>1-22 1956</i> , and that death occurred at <i>6 A.M.</i> , from the causes and on the date stated above. SIGNATURE <i>E.J. Edelen</i> ADDRESS (Street, city, town, state) <i>Laplate Md</i> DATE SIGNED <i>1-25-56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>1-28-56</i>	NAME OF CEMETERY OR CREMATORIUM <i>Trinity Cemetery</i>	LOCATION (City, town, or county) <i>Newport, Md</i>
24. REC'D. BY REGISTRAR <i>Jan. 31, 1956</i>	REGISTRAR'S SIGNATURE <i>John J. Tracy</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Horst Funeral Home</i>	ADDRESS <i>Walter</i>

1967

DEPARTMENT OF THE NAVY - AIR FORCE - MARINE CORPS
RECORDED BY THE UNITED STATES GOVERNMENT

STATION TO STATION TELEGRAPHIC

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RECORDED IN ACCORDANCE WITH THE REQUIREMENTS OF THE
TELEGRAPHIC COMMUNICATIONS ACT OF 1927

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IN ACCORDANCE
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MARYLAND STATE DEPARTMENT OF HEALTH

00508

517

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY		Charles MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)		Maryland		Charles	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		Tompkinsville	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		STREET ADDRESS		(If rural, give location)	
13. FATHER'S NAME		(First) John (Middle) (Last)		4. DATE OF DEATH		(Month) 1	(Day) 12 (Year) 1956
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		9. AGE last birthday		If under 1 year Months 4	If under 24 hrs. Days 37 Hours 4 Min. 37
				11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
18. MEDICAL CERTIFICATION				Maryland			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 776X Immediate cause (a) Premature Delivery						INTERVAL BETWEEN ONSET AND DEATH 8 hrs. 37 min	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b)					
		(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
SIGNATURE William J. Krueger MD		(Degree or title) ADDRESS La Plata Maryland		DATE SIGNED 1/12/56			
23. BURIAL, CREMATION REMOVAL (Specify) Buried		DATE THEREOF 1/13/56		NAME OF CEMETERY OR CREMATORIAL Facility		LOCATION (City, town, or county) Towson, Md. (State)	
DATE REC'D BY LOCAL REG. 1/13/56		REGISTRAR'S SIGNATURE Julia H. Harey		24. FUNERAL DIRECTOR ADDRESS Albert Funeral Home, Baltimore, Md.			
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RECEIVED
FEB 16 1956
BUREAU U.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
518 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00509

Reg. Dist. No. 100

1. PLACE OF DEATH- CITY OR TOWN <i>Reiley Charles</i>		2. USUAL RESIDENCE (HOME) OF DECEASED- CITY OR TOWN <i>Med. Charles</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>50 Pamplin</i>		STATE CITY OR TOWN STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <i>MARY ANITA</i>	(First) (Middle)	(Last) <i>SUANNE</i>	4. DATE OF DEATH <i>1/22/56</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>8-31-55</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>John Theodore Swan</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>	11. BIRTHPLACE (State or foreign country) <i>Md.</i>
13. FATHER'S NAME <i>John Theodore Swan</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Pearl Proctor</i>	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>1955</i>		16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT AND ADDRESS <i>John Swan</i>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Immediate cause</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1-22-56</i>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>Poly want to be with parents died at 2 AM. Not ill previously</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>1-22-56</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>	(CITY OR TOWN) <i></i>	(COUNTY) <i></i>
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>m.</i>	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>	HOW DID INJURY OCCUR? <i></i>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> SIGNATURE <i>Charles</i> (Degree or title) <i>MD</i> ADDRESS <i>Laurel Md</i> DATE SIGNED <i>1-22-56</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>1/24/56</i>	NAME OF CEMETERY OR CREMATORIAL <i>St. Joseph</i>	LOCATION (City, town, or county) <i>Pamplin, Md</i> (State) <i>(State)</i>
DATE REC'D BY LOCAL REG. <i>1/22/56</i>	REGISTRAR'S SIGNATURE <i>Julia H. Hasan</i>	24. FUNERAL DIRECTOR ADDRESS <i>Aubert Funeral Home, Laurel, Md</i>	
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